

Nashua School District

Summer 2025

Competency Recovery Registration Packet



Grades 9-12 Summer 2025 Competency Recovery Program Information:

All recovery will be completed
Between July 7th and July 25th.

All classes meet from 12:00 pm to 2 pm Monday through Friday
in the South Media Center.

<u>South Media Center</u>	<u>Week:</u>
Science: Rock Pinault Math: Kara Swedlow	JULY 7-11
English: Cam McIntire Spanish: Monica Wesson	JULY 14-18
SS: Lex Duval	JULY 21-25

Summer 2025 NASHUA COMPETENCY RECOVERY PROGRAM
Monday July 7th through Friday July 25th, 2025

Students, who receive a final grade of an “NC” in a core academic subject class, are eligible to enroll in the competency recovery program. Students are able to recover up to 50% of competencies for the course.

1. All students will meet with the recovery teacher to create a recovery plan. Students and teachers will meet daily for one week to complete the recovery plan. Additional time can be arranged and students are expected to attend the program on those days. (See attendance policy below).
2. Students should speak with their guidance counselor for forms and information. All registration forms and money will be **due Tuesday July 1st**. Checks are made payable to the NSD Competency Recovery Program.

ATTENDANCE POLICY: Attendance at all sessions is mandatory until the teacher dismisses students for completion of all work. Attendance is **not a guarantee** of successful completion. **Students must demonstrate competency to receive credit.**

DISCIPLINE POLICY: Students are subject to the Nashua School District’s Board of Education approved Student Behavior Standards.

TRANSPORTATION: Parent and/or Student Responsibility.

FEES

\$25.00 Administrative fee for each class.

\$15 for Students on free/reduced lunch

Please make check payable to the NSD Competency Program

REFUNDS WILL NOT BE MADE AFTER July 1st.

Students please keep this page

Return Registration form to:
North- B3 Guidance -Mrs. Allison Lynn
South-Lower A1002-Mrs. Lynn Capone
Adult Ed office –South A2003 (Mon/Tues)
North A108 (Wed/Thurs) -Kim Odierno

Due Tuesday, July 1, 2025

Summer 2025 NASHUA COMPETENCY RECOVERY PROGRAM
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REGISTRATION FORM

ALL COURSE FEES MUST BE PAID WHEN REGISTERING. Checks are made payable to the NSD Competency Recovery Program.

NAME OF STUDENT: _____ MALE__ FEMALE__ NB__
(Last Name) (First Name)

NAME OF PARENT/GUARDIAN: _____ DAYTIME PHONE #: _____

SCHOOL NAME: _____ Email _____

HOMEADDRESS: _____ CITY: _____ Zip: _____

GRADE **NOW**: _____ DOB: _____ AGE: _____ TEL. NO.: _____

IN CASE OF EMERGENCY WHOM MAY WE CALL? _____

ADDRESS: _____ PHONE #: _____

Course: _____ Original Teacher _____

Competency to be recovered: _____

Course: _____ Original Teacher _____

Competency to be recovered: _____

All recovery will be completed by July 25, 2025.

All classes start on Monday of the week assigned in the North Media Center.

Please fill in the box for state data collection. Our funding depends on it.

Turn over for page 2.

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Monday July 7th through Friday July 25th, 2025

DATA COLLECTION

The State of New Hampshire requires that we collect data on our adult education program. This information will be kept confidential and used to help improve our programs. Please answer all questions.

1. Do you speak a language other than English? No ___ Yes ___ Please list: _____

2. Race (check all that apply): American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___

3. Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

4. Do you have access to the internet at home? Yes ___ No ___

If no check the reason: Internet is not available at home ___ I am unable to pay for internet access ___
Check all devices you have at home: cell phone ___ computer desktop ___ computer laptop ___

5. Employment: Employed ___ Employer Name _____ Hourly Rate _____
Unemployed ___ Not in Labor Force ___

6. Are you enrolled in any workforce training programs like: WIOA, TANF, SNAP Other: _____ No ___

7. Primary Goal (select one): Enter Employment ___ Retain Employment ___ Obtain Diploma ___ Prepare for college ___
Other (please specify) _____

8. Birth Country: United States ___ Other (Please specify) _____

9. If you register at another adult education center may we share data with them? Yes ___ No ___

10. Interpreter Required? Yes ___ No ___ Translation Requested? Yes ___ No ___

GUIDANCE COUNSELOR SIGNATURE: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____ **DATE:** _____

BELOW IS FOR OFFICE USE ONLY

\$15 Reduced ___ \$25 Full Fee ___ Tuition Total _____

Payment: Cash ___ Check # _____ Accepted By _____ Date _____